

MALE USE OF CONTRACEPTION AND ATTITUDES TOWARD ABORTION, SANTIAGO, CHILE, 1968

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Chile has one of Latin America's oldest and most active family planning programs. The influence of this program on fertility, induced abortion, sexual behavior and economic growth is, however, still a matter of debate. It seems important from the point of view of evaluation to have background knowledge of the attitude of the whole recipient community and not just its female half as is presently the case. The purpose of the present study is to describe men's responses in a survey on contraception and abortion in Santiago, Chile's capital city, and in a nearby rural community.

The Chilean family planning program has already been described.¹ It is a program led by the medical profession, directed at reducing the high incidence of induced abortions, and officially integrated into the maternal and child care given by the National Health Service. Present figures indicate that at the end of 1968, 150,182 women were registered as active family planning patients in the Service's clinics, 78 per cent using intra-uterine devices and 22 per cent oral contraceptives.² The context in which this program is carried out is a country of almost ten million inhabitants,³ and an annual population growth rate of 2.6 per cent (lower than six of the ten South American countries).⁴ The per capita gross national product is slightly

over 500 dollars (surpassed by only three of the ten countries), and is growing yearly at the rate of 1.4 per cent (slightly less than the average for the ten countries).⁵

Like programs in the other Latin American countries, Chile's program is focussed entirely on women, particularly in the postpartum and postabortion period. This seems perhaps logical in view of the purpose of the program and the characteristics of the contraceptive method on which it relies. It is illogical in view of the general male dominance in society and, in particular, the dominance of men in the sexual sphere. The experience of clinic personnel is that many men make, or think they make, birth control decisions and that this factor must be taken into account.

From the few surveys of male attitude that have been made in Latin America, one gathers a certain ambivalence on the part of the males toward birth control. On the one hand, husbands have been found to be generally more in favor of the idea of family planning than are their wives^{6,7} and perhaps also more future-oriented.⁸ On the other hand, they may feel threatened by their partner becoming knowledgeable about contraception and may fear that it will encourage her to promiscuity.⁹⁻¹¹ Whatever their attitude, men may be the more influential of the two spouses in decisions pertaining to birth control.¹²⁻¹⁴ This point has been repeatedly emphasized by Hill and Stycos.¹⁵⁻¹⁷ The present study focusses on men's view of their role in family planning decisions, their use of contraception both maritally and nonmaritally and their attitude toward induced abortion. Recommendations are made for the Chilean family planning program.

Until the present research, Chilean men had never been questioned on family planning. At about the same time, however, a survey directed primarily at investigating male working conditions, but containing some birth control questions was carried out by the Latin American Faculty of Sociology.¹⁸ Results are not available yet. Only a glimpse at male attitudes

was obtained in two surveys of women. Armijo and Monreal showed that, in 1961, 74 per cent of the admitted induced abortions in Santiago City had been performed with the consent of the partner.¹⁹ In a study of a marginal area of the City, DESAL, the Center for the Economic and Social Development of Latin America, found that only 57 per cent of the wives felt that their husbands favored the use of contraception in their own marital relations.²⁰

METHODOLOGY

The Sample

In 1967, Santiago had an estimated population of 2.5 million, or over a quarter of the country's inhabitants.²¹ A representative sample of men, aged 18 to 54, stratified according to socio-economic conditions, was obtained using as a basis the information available at CEDEM, the University of Chile Center for Mathematical Studies. In 1967, the Center designed a multi-stage, area probability, multipurpose national sample of dwelling units based on the 1960 Chilean National Population Census. Santiago was included in this sample as a self-representing unit. Allowing for dwellings built since 1960, a total of 2,463 dwelling units represented the City; that is, one out of every 200 dwelling units present in 1967. In these, lived 10,450 inhabitants of whom 2,123 were men aged 18 to 54 years.

The principal social, economic and demographic characteristics of these 2,123 men were surveyed by the Center in June, 1967, and the information permitted stratification of the sample into three broad socioeconomic levels. The men were divided on a seven-point scale according to the socioeconomic level of their occupation: (1) unemployed or sporadically employed, (2) unskilled laborer, (3) nonprofessional self-employed, (4) employee, (5) student, (6) professional self-employed, and (7) employer or executive. They were also classified on a five-point scale according to their number of years of schooling: (1)

three years of primary school or less, (2) four to six years of primary school, (3) one to three years of secondary school or equivalent, (4) four or more years of secondary school or equivalent, and (5) university studies or equivalent. A table of distribution according to these two indicators gave 35 positions. The lowest ten were considered as "lower," the highest ten as "upper" and the middle 15 as "middle" socioeconomic level. To have approximately equal numbers of positions in each level, further criteria were used to move some men from the middle to the lower or upper level. Men in the middle level whose type of housing was in the lowest category (hut of earth or throwaway material), whose dwelling had no sanitary facilities and whose income was less than 648 dollars yearly were changed to the lower level. Those in the middle level whose housing was in the highest category (private house or apartment in an apartment building), who owned their dwelling places, whose housing had both sanitary and drinking water facilities, and whose income was over 2,160 dollars yearly were moved to the upper level. This stratification placed 51 per cent of the men in the lower level, 37 per cent in the middle and 12 per cent in the upper. From each of these three levels, 240 men were chosen at random. Only one man per dwelling unit was selected to avoid bias of the answers as a result of interpersonal communication. If more than one man was eligible, the one chosen was selected at random (first the oldest, then the middle, then the youngest and so forth).

A sample was taken of men in a rural area to provide a contrast with Santiago. The community chosen was María Pinto, which lies about 36 miles to the west of Santiago, between the two paved roads joining the City and the coast. Its population is about 2,000, it has only one dirt road passing through the village and the surrounding mountains tend to isolate the community more than its relatively short distance from Santiago would suggest. The 301 houses accessible from the road housed 372 men aged 18 to 54. A random sample of 240 was selected, choosing only one man per house.

The Questionnaire

The questionnaire touched a wide range of topics: opinion of each marital partner's responsibilities in the family, present, past and possible future use of contraception, attitude toward induced abortion, aspects of present sexual behavior, acceptance of family planning education to adolescents, opinion on the effect of the population increase on the country's progress and knowledge of the present family planning program. The 77 pretest and training interviews were followed by considerable modification of the questions, their phrasing and sequence.

The Interviewers

The interviewing team was composed of 27 male university students over 21 years of age and rigorously selected. Their training included detailed revision of several field interviews. Each interviewer was provided with an identification card on which appeared his photograph and a letter signed by the Director of the University of Chile School of Public Health stating the purpose of the investigation and assuring complete confidentiality of the data. Addresses were given at weekly control sessions. Financial remuneration was good but was withheld for all interviewers until completion of the field work by all interviewers. Three visits to the home at different times of the day and on different days of the week were required before an interview could be considered as not possible.

The Interviews

The field work was carried out from June 17 to July 28, 1968. It was usually possible to appoint a time when the respondent could be sure of having privacy in his home and carry out the interview then. Where this was not possible an appointment was made at the place of work. Sometimes the interviewer's parked car on the street was used or even a bench in a public park. In all but two per cent of the interviews, complete privacy was obtained. Men not interviewed represented nine per cent of the sample in María Pinto and 11, 11 and 25 per cent in the

lower, middle and upper Santiago levels, respectively. Most of the losses were because of address changes. Except in the upper level, virtually no resistance was encountered to being interviewed. Even there, refusals were most frequently refusals to be interviewed and not refusals because of the subject matter.

For Santiago, data available in CEDEM permitted comparison between the men interviewed and those not interviewed with respect to age, marital status, schooling and occupation. Both groups were similar. In the María Pinto area, no such comparison was possible. To avoid bias from interpersonal communication in this closed setting, the great majority of the interviews were carried out in one day.

RESULTS

Characteristics of the Respondents

Educational and occupational levels in María Pinto were generally lower than in the "lower" socioeconomic level in Santiago. As shown in Table 1, therefore, the four groups of men formed a gradient according to these characteristics: 94 per cent of the men in María Pinto had only primary schooling, whereas 88 per cent in the Santiago upper socioeconomic level had four or more years of secondary school. Seventy-four per cent of the respondents in María Pinto were unskilled laborers; 87 per cent in the Santiago upper level were either employees, university students, professionals, employers or executives. Men in the upper level were somewhat older than those in the other groups, as would be expected from the definition of "upper" level, and this is also reflected in a somewhat higher proportion living in marital union. The term "married" refers to all men living in marital union, either legally or common law. "Unmarried" refers to those not presently living in union whether single, widowed, separated or with the marriage annulled. Over 90 per cent of the unmarried men were actually single men.

Table 2 summarizes men's answers on the role of the husband

TABLE I. DISTRIBUTION OF RESPONDENTS ACCORDING TO SPECIFIED CHARACTERISTICS

<i>Characteristic</i>	<i>Percentage of Men Santiago</i>			
	<i>Rural Area (N = 217)</i>	<i>Socioeconomic Level</i>		
		<i>Lower (N = 205)</i>	<i>Middle (N = 209)</i>	<i>Upper (N = 170)</i>
Age				
18-24	17	22	19	9
25-34	25	28	30	27
35-44	43	30	33	39
45-54	14	20	19	25
Civil status				
Married	70	74	75	81
Unmarried	30	26	25	19
Schooling				
None, 1-3 primary	44	26	6	0
4-6 primary	50	51	27	3
1-3 secondary or equivalent	4	18	33	9
4-8 secondary or equivalent; university	2	5	35	88
Occupation*				
Unemployed (totally or partially), unskilled laborer	74	54	21	1
Nonprofessional self-employed	19	24	24	12
Employee	7	18	43	49
Student, professional self-employed, employer, executive	1	4	12	38

The percentages exclude three men for whom information was unknown.

and wife with regards to family planning. In all socioeconomic groups, a majority of the men felt that they had an active role in birth control decisions either alone or in conjunction with their wives. The proportions of husbands who thought that in their friends' families, the husband alone usually decided the number of children were 29, 37, 30 and 20 per cent in the rural, lower, middle and upper socioeconomic levels, respectively. In each group, about another 25 per cent felt that the decision was probably a joint one between husband and wife. Among married men, between 11 and 15 per cent reported that in their own marriage, they themselves were more concerned than their wives about the number of children and approximately another two-thirds felt that they and their wives were

TABLE 2. MEN'S OPINION OF EACH MARITAL PARTNER'S RESPONSIBILITY IN MATTERS OF FAMILY LIMITATIONS

	Rural Area	Santiago Socioeconomic Level		
		Lower	Middle	Upper
All men (N = 801)*				
Per cent stating that in friends' families the one who usually decides the number of children is:				
The husband	29	37	30	20
The wife	24	19	30	33
Both partners together	23	24	26	28
Don't know**	24	20	14	19
Married men (N = 594)†				
Per cent stating that in their own family the one who is more concerned about the number of children is:				
He	13	15	12	11
She	15	25	29	23
Both about equally	72	60	58	66
Don't know	1	0	1	1
Per cent reporting that the one who first mentioned the presently used contracep- tive method was:††				
He	23	24	32	26
She	60	66	57	52
Don't know	11	10	11	18
Neither	6	0	0	4

* Distributed as 217, 205, 209 and 170 in the rural, lower, middle and upper levels, respectively. Percentages exclude three men for whom information was unknown.

** Includes one, two, two and four per cent who answered "neither" in the rural, lower, middle and upper levels, respectively.

† Distributed as 151, 150, 156 and 137 in the four levels, respectively. Percentages exclude three men for whom information was unknown.

†† Percentages exclude four men for whom information was unknown.

equally concerned. Between 23 and 32 per cent of the husbands reporting present use of contraception had themselves first mentioned the method the couple was now using. (Use of contraception always refers to male and/or female method.)

Marital Use of Contraception

The status of the married men with regard to family planning in their own marriage is presented in Table 3. Use of contraception within the three months prior to the interview was reported by 31, 40, 46 and 62 per cent of the husbands in

TABLE 3. PRESENT USE AND REASONS FOR NONUSE OF CONTRACEPTION MARITALLY

	<i>Rural Area</i> (<i>N</i> = 151) %	<i>Santiago Socioeconomic Level</i>		
		<i>Lower</i> (<i>N</i> = 150) %	<i>Middle</i> (<i>N</i> = 156) %	<i>Upper</i> (<i>N</i> = 137) %
Husbands presently using contraception*	31	40	46	62
Husbands presently not using contraception	69	60	54	38
Reasons for nonuse				
All reasons	100	100	100	100
Sterilized (he and/or she)	19	17	28	39
Unable to have children (reasons other than sterilization)**	14	19	24	25
Want a child, or wife pregnant	21	22	22	23
Lack of information***	34	24	17	6
Religious reasons	5	5	2	0
Other reasons	7	14	7	8

* Percentages exclude one man for whom information was unknown.

** In most of these couples, the wife was 45 years or older and not menstruating.

*** Includes no information and misinformation. See text for definition of misinformation.

TABLE 4. MARITAL AND NONMARITAL USE OF CONTRACEPTION

	<i>Rural Area</i> %	<i>Santiago Socioeconomic Level</i>		
		<i>Lower</i> %	<i>Middle</i> %	<i>Upper</i> %
All men (<i>N</i> = 801)*				
Presently using contraception	36	46	64	66
Married men (<i>N</i> = 594)**				
Presently using contraception (total)	38	50	66	73
Maritally, no extramarital relations	23	20	20	26
Maritally but not extramaritally	5	10	10	13
Maritally and extramaritally	3	10	17	23
Extramaritally but not maritally	7	10	19	11
Unmarried men (<i>N</i> = 207)***				
Presently using contraception	33	35	62	38

* Distributed as 217, 205, 209 and 170 in the rural, lower, middle and upper levels, respectively. Present use of contraception is within the three months prior to the interview.

** Distributed as 151, 150, 156 and 137 in the four levels, respectively. Percentages exclude one man for whom information was unknown.

*** Distributed as 66, 55, 53 and 33 in the four levels, respectively. Percentages exclude four men for whom information was unknown.

the rural, lower, middle and upper socioeconomic brackets, respectively. A sizable proportion of couples was probably permanently sterile: one of the partners had had a sterilization operation, the wife was 45 years or over and not menstruating or, in a few cases, the couple was not using contraception because they were unable to have additional children. If these presumably sterile couples are considered as not needing protection from pregnancy, the proportion of couples either protected or not needing protection was 54, 61, 74, and 86 per cent of the couples in each social stratum, respectively.

Lack of information or "wrong" information was given by a substantial proportion of couples as the reason for not using a method. Two reasons were classified as wrong information. "Because it is too expensive" was categorized as such because family planning services are given free in all public clinics. These are widely distributed throughout Santiago and the one in María Pinto was easily accessible from all homes interviewed. "Because it affects health" was also considered misinformation because all medically approved methods (although principally the intrauterine devices and the oral pills) are offered in the clinics. For the majority of couples at least one method is almost free of side effects and all are safer to the health of the woman than either pregnancy or illegal abortion. Husbands giving lack of information or misinformation as reasons why the couple was not now using a method represented 23, 14, 9 and 2 per cent of *all* husbands in the rural, lower, middle and upper levels, respectively. In María Pinto, they represented a third and in the lower level a fourth of the husbands reporting that contraception was not being used.

Religion was an unimportant reason for nonuse, being given by only two per cent of *all* husbands and less than four per cent of the husbands not using contraception.

Nonmarital use of contraception

The better the socioeconomic situation of a married man, the more likely he was to report extramarital intercourse in

the three months prior to the interview and the more likely he was to have prevented his extramarital relations from giving rise to undesired pregnancies. Of all husbands, 25, 49, 61 and 61 per cent admitted extramarital intercourse in the past three months in the rural, lower, middle and upper strata, respectively. Of these, 39, 41, 58 and 57 per cent had used contraception in these extramarital relations.

Among unmarried men, the proportion reporting sexual intercourse within the three months prior to the interview was 84, 93, 98 and 88 per cent in the four socioeconomic brackets, respectively. Of these, 39, 38, 63 and 43 per cent stated using contraception in each group, respectively. Table 4 presents the proportion of all men "presently" using contraception and the type of relation in which it was being used. "Presently" always refers to the three months prior to the interview.

Comparison of Contraception by Men and Women

Among Santiago men, both married and unmarried, 46, 64 and 66 per cent reported "presently" using contraception either intra- or extramaritally. The weighted average for the three socioeconomic levels in the City is 56 per cent of the men presently using a method. This percentage is considerably higher than the 33 per cent of women reporting present use in Monreal and Armijo's 1967 survey and the two results need to be further analyzed.²²

Both the present and Monreal's samples contained a quarter of the respondents not presently living in marital union. The male sample included more older men: the age span was 18-54 years compared to 20-44 years for the women. Because use of contraception declined with increasing age in both studies, however, this age difference would tend to diminish, relatively, the proportion of men reporting use. "Present" use was not strictly defined in Monreal's survey, but this is unlikely to account for the whole difference. Table 5 points to the probable reason for the different results. A question on extramarital use was not asked of married women. Excluding extramarital use,

TABLE 5. PRESENT USE OF CONTRACEPTION ACCORDING TO MARITAL STATUS, AS REPORTED BY MEN (IN 1968) AND WOMEN (IN 1967)

<i>Distribution of Respondents</i>	<i>Men Santiago Socioeconomic Levels</i>			<i>Women* (All Socio-economic Levels)</i>
	<i>Lower</i>	<i>Middle</i>	<i>Upper</i>	
Number interviewed				
Total	205	209	170	2,425
Married	150	156	137	1,829
Unmarried	55	53	33	596
Per cent using contraception				
Total**	46	64	66	33
Married***	40	46	62	42
Unmarried	35	62	38	6

* Monreal and Armijo, reference 22.

** No question was asked on extramarital use to married women. The figure for women, therefore, represents marital use only for married women and all uses for unmarried women. For the men, the figures represent both marital and nonmarital uses. The percentages exclude 37 women and three men for whom information was unknown.

*** Marital use only for both women and men. The percentage for women was obtained by calculation assuming that all the women who reported having been sterilized were married women.

the proportion of married men reporting use in Santiago as a whole would have been 45 per cent, only slightly higher than the figure of 42 per cent obtained for married women one year earlier. Among the unmarried, however, 45 per cent of the men and only six per cent of the women reported use. The difference between rates of usage as reported by men and women is, therefore, almost entirely attributable to use in non-marital relations among men (all uses among unmarried men and extramarital use among married men).

Type of Contraception Used, Maritally and Nonmaritally

Numbers were insufficient to permit comparison of the methods used in and outside marriage within each socioeconomic level. Table 6, however, summarizes for all levels the methods used in each type of relation. Maritally, the intrauterine device and the pills were the most popular and were used by 58 per cent of the couples using contraception. Male methods, the condom and coitus interruptus, were used by only nine per cent. Extramaritally, the situation was reversed: only 19 per

cent of the contraceptors relied on the device or the pills and 42 per cent relied on either the condom or coitus interruptus. Among the unmarried, the proportions were intermediate with 31 per cent relying on the device or the pills and 33 per cent on one of the two male methods. Actually, the pill was used by a higher proportion of unmarried than married contraceptors: it was used by 30 per cent of the unmarried contraceptors, 27 per cent of the married men using contraception maritally and 19 per cent of the married men using a method extramaritally. The rhythm was relied upon by about a fifth and vaginal methods by about ten per cent of all users whether in marital or nonmarital relations.

Attitude Toward Abortion for the Spouse

Husbands of presumably fertile women were asked if they would agree to an induced abortion performed on their wife by a physician in a hospital if the wife were to become pregnant now. Where either one of the partners had been sterilized or if the couple was not using contraception because of inability to have children, the husband was not asked the question. Husbands answering negatively were further asked if they

TABLE 6. PRINCIPAL METHOD OF CONTRACEPTION USED IN MARITAL AND NONMARITAL RELATIONS

<i>Principal Method Presently Used</i>	<i>Married Men</i>		<i>Unmarried</i>
	<i>Maritally (N = 264)*</i>	<i>Extramaritally (N = 147)*</i>	<i>Men (N = 85)*</i>
Percent of men using specified method			
All methods	100	100	100
Condom	5	32	17
Coitus interruptus	4	10	16
Intrauterine device	31	1	1
Oral pills	27	18	30
Vaginal methods**	9	13	9
Rhythm	21	20	23
Other	3	6	5

* The percentages exclude the men for whom information was unknown: Married: maritally, five men; extramaritally, 21 men. Unmarried: 14 men.

** Vaginal jelly, suppositories, tablets, diaphragm, douches.

TABLE 7. HUSBAND'S ACCEPTANCE OF AN INDUCED ABORTION FOR SPOUSE

<i>Husbands of Presumed Fertile Couples*</i>	<i>Rural Area</i> (<i>N</i> = 118)	<i>Santiago Socioeconomic Level</i>		
		<i>Lower</i> (<i>N</i> = 118)	<i>Middle</i> (<i>N</i> = 113)	<i>Upper</i> (<i>N</i> = 104)
Per cent of husbands who would agree to an abortion				
Total**	32	42	40	41
If wife became pregnant now***	23	32	29	33
After they have their desired number of children	9	10	11	8

* All couples except those in whom either partner had had a sterilization operation (77 couples) and those where the husband stated that the couple was not using contraception because of inability to have (additional) children (64 couples).

** In all levels, less than four per cent of the men answered "don't know." The percentages exclude six men for whom information was unknown.

*** Or, if the wife was pregnant, "if she became pregnant again."

would favor an abortion after they had all the children they desired. In total, those who would support their wife in seeking an abortion under medically satisfactory conditions represented 32 per cent in María Pinto and 41 per cent in Santiago. Little variation was seen between the socioeconomic levels in the City (Table 7).

Attitude Toward Abortion in Specific Situations

All respondents were asked: "Would you be in agreement to authorize physicians to perform an abortion in the following situations: . . ." followed by the seven types of situations outlined in Table 8. Opinion differed little among the four socioeconomic groups. Analysis showed that the variation according to age was also slight and that over 85 per cent of the men in any one five-year age group and in any one socioeconomic category favored authorization of abortion in at least one of the seven situations presented. For the city of Santiago as a whole, maternal illness was an acceptable reason for 81 per cent of the men, probable fetal deformity for 67 per cent, rape for 60 per cent, inability to support another child in a family that is already numerous for 58 per cent, the couple's wishes not to have the child for 38 per cent, contraceptive failure for 35 per cent and pregnancy in a single girl for 31 per cent.

Comparison of Attitude Toward Abortion with other Data

For Santiago as a whole, the weighted average of men favoring authorization of abortion in one or more of the seven situations presented to them was 93 per cent. In 1961, Armijo and Monreal found that 74 per cent of the women favored legalization of abortion.²³ A similar question was, unfortunately, not asked in the 1967 survey. Attitudes may well have changed between 1961 and 1967 as birth control has received wide attention and has been discussed publicly. The question to women was also more general: "Do you think that abortions should be authorized in certain circumstances?" The proportion in favor might have been higher had specific situations been presented. The difference in the proportion of men and women favoring abortion, therefore, cannot be attributed to difference in opinion between the sexes. Both figures show remarkably favorable attitudes toward legalization of abortion in at least some circumstances.

In Table 8, the proportion of affirmative answers to each situation is compared with answers obtained in two studies in

TABLE 8. ATTITUDES TOWARD INDUCED ABORTION IN CHILE (1968) AND THE UNITED STATES (1965)

Condition that may justify abortion*	Rural Area (N = 217) Men	Chile* Santiago			United States (N = 5,600) Women	New Orleans (N = 483) Women
		Socioeconomic Level Lower (N = 205) Men	Middle (N = 209) Men	Upper (N = 170) Men		
A. Maternal illness	78	77	85	88	87	76
B. Fetal deformity	62	64	73	64	50	—
C. Rape	55	58	59	68	52	69
D. Inability to support child in an already numerous family	50	53	64	63	11	18
E. Couple's desire not to have the child	33	39	38	34	8	5
F. Contraceptive failure	33	40	33	26	—	—
G. Single girl	25	31	30	30	13	—

* The percentages exclude 1, 3, 2, 1, 4, 3, and 3 men for whom information was unknown in situations A, B, C, D, E, F, and G, respectively. The highest percentage of "don't know" answers was 12 per cent for any one situation.

the United States.^{24, 25} Both these surveys were of women. Even though the questions were phrased slightly differently in each study, the comparison brings out the relatively favorable opinion toward abortion for socioeconomic reasons in Santiago and the relatively negative attitude toward the pregnant single girl. The proportion of affirmative answers is similar in the three studies for cases of maternal illness, probable fetal deformity and rape. Socioeconomic reasons, however, had 58 per cent approval among Santiago males and less than 20 per cent in the two American studies. In Santiago, the couple's wishes received a higher number of positive answers than pregnancy in the single girl; in the United States as a whole, pregnancy in the single girl received more affirmative answers than either economic reasons or the couple's desires.

Comparison Between Attitudes and Actual Abortion Rates

The similar attitude of Santiago men in all socioeconomic and age brackets toward abortion is in marked contrast with

TABLE 9. PROPORTIONS OF MEN FAVORING AUTHORIZATION OF ABORTION (IN 1968), AND INDUCED ABORTION RATES (IN 1967), BY AGE AND SOCIOECONOMIC CONDITIONS

<i>Characteristic</i>	<i>Proportion of Men Favoring Authorization of Abortion*</i>	<i>Induced Abortions per 1,000 Women Aged 20-44**</i>	
Socioeconomic level			
Upper	60	High***	25
Middle	59	3	53
Lower	58	2	50
		Low	75
Age			
18-24	55	20-24	45
25-34	61	25-34†	78
35-44	58	35-44††	37

* Favoring authorization in four or more of the situations presented in Table 8. The figures are the weighted average for the three socioeconomic levels in the city.

** Monreal and Armijo, reference 26.

*** Interviewer's impression of respondent's socioeconomic conditions.

† Rates obtained by averaging the rates for women aged 25-29 and 30-34.

†† Rates obtained by averaging the rates for women aged 35-39 and 40-44.

the variation in actual abortion rates in the City. Table 9 presents a comparison between the proportion of men who gave an affirmative answer in four or more of the seven situations presented to them and the abortion rate per 1,000 women of reproductive ages as obtained by Monreal and Armijo in 1967.²⁶ (Four affirmative answers to the seven possible grounds for abortion must necessarily have included at least two affirmative answers on other than strictly medical grounds.) Whereas the abortion rate is three times as high in women of poor than of good socioeconomic conditions, the proportion of men favorable to abortion for at least four reasons is similar in all socioeconomic brackets. Whereas the abortion rate among women 25-34 is over twice that among women 35-44, the proportion of men favoring abortion for at least four reasons is approximately similar in these age groups. Differences in abortion rates may be more the result of differences in need than of differences of opinion concerning the procedure itself.

DISCUSSION

The impression gained by the interviewers in their contact with the respondents was essentially similar to that reported by interviewers of women in similar surveys: intense interest in the subject, sincere and frank answers and a desire to have more information. The cooperation on both the interviewees' and interviewers' parts is reflected by the very small number of men for whom information on specific questions was not obtained once the interviewing had started. The fact that more men than women reported use of contraception should erase any doubt as to men's willingness to give information on this subject. Where comparison of use with women's answers was possible, such as in the case of present intramarital use, results were found to correspond closely. According to several Chilean physicians, the rate of nonmarital intercourse is probably close to the truth. There is no reason to doubt reports on nonmarital use of contraception or answers on acceptance of abortion.

The findings have important implications for the Chilean family planning program. First, many men consider their an influential role in family planning matters. In the rural and the city's lower socioeconomic strata, which are those the National Health Service mainly serves, one out of seven husbands felt that the number of children was his own (and not his wife's or both partners') responsibility. Even though no formal educational activities have been directed at men, almost a quarter of the husbands reporting use of contraception in their marital relations had taken the initiative in mentioning the method the couple was now using. Failure to consider the man's role and continuation of an exclusively female orientation would definitely seem to be detrimental to the program.

Second, lack of information is still a dominant factor among the lesser educated. In the rural community, 23 per cent, and in Santiago's lower socioeconomic bracket, 14 per cent of husbands were not making use of a method and gave lack of or inaccurate information as a reason. Even if the wife was knowledgeable in these cases, ignorance on the part of the man is likely to lead to noncooperation at best and opposition at worst.

Third, the program should not ignore nonmarital sexual relations. In Santiago, 94 per cent of the unmarried men stated having had intercourse within the three months prior to the interview and 55 per cent of the married men reported extramarital intercourse within this period of time. Use of contraception in these relations is necessary if unwanted pregnancies are to be avoided. In Santiago, less than half of both the sexually active unmarried men and the married men active extramaritally were using contraception. If these nonmarital relations are with married women, the present program presumably reaches this source of undesired pregnancies. It is likely, however, that many unmarried women are involved. In Armijo and Monreal's surveys, over 42 per cent of the unmarried women admitted having sexual relations.²⁷ Although officially contraception is available to all women regardless of

marital status, the atmosphere of a clinic geared to help married women avoid further children may not attract the unmarried girl who has not had a pregnancy. Both the methods principally offered at the clinics, the intrauterine device and the pills, require planning for future sexual activities. This is particularly unlikely among the unmarried. The family planning program should consider the possibility of providing systematic contraceptive information to the unmarried, both male and female, even while pointing out the social and moral issues involved.

As a reason for abortion, unmarried motherhood is not at present among the most important. In 1961, it was given as the reason for inducing abortion in only ten per cent of all admitted induced abortion cases in Santiago.²⁸ Its relative importance may increase, however, as abortions among married women are reduced. This has already been the experience in San Gregorio, a Santiago community with an intensive family planning program. The abortion rate among all women 20 years of age and over declined rapidly between 1964 and 1966. Among women aged 25–29, the decline reached almost 80 per cent, but among girls aged 15–19, the rate stayed stationary and may even have increased.²⁹

Finally, the program is faced with a favorable attitude toward abortion among men of all ages and all socioeconomic levels. Approval of abortion in cases of maternal illness, probable fetal deformity, or rape may have little influence on the total number of induced abortions. These three causes together probably account for less than ten per cent of all admitted induced abortions in Santiago.³⁰ Economic grounds, on the other hand, are the leading cause of admitted induced abortions in the City and are given as the reason for 57 per cent of all cases.³¹ A favorable attitude toward abortion for economic reasons together with ignorance of birth control methods probably account for the high abortion rate among the lower socioeconomic groups. Educational programs directed at men pointing out the advantages of contraception

over abortion both from the point of view of the individual and society could do much to enlist their cooperation with the abortion control program.

The data obtained show a great need for broadening the approach of the family planning program to include men as well as women, the unmarried as well as the married, and the extramarital as well as the marital relations.

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²⁶ Monreal and Armijo, *op. cit.*, p. 613, Tables 11 and 12.

²⁷ Data for 1961: Monreal and Armijo, *op. cit.*, p. 612 (Table 8 shows that 22.5 per cent, or 425 women of the 1,890 women interviewed, were single, widowed or separated), and Armijo and Monreal, *op. cit.*, p. 156 (Table 9 shows that 12.9 per cent, or 243 women, had no sexual life "at present." If all the married women are assumed to be sexually active, then $\frac{425-243}{425}$ or 42.8 per

425

cent of the unmarried women admitted having sexual relations.

Data for 1966: Monreal, T., personal communication, October 2, 1969, unpublished data. Of the 596 unmarried women interviewed, data were unavailable for ten. Of the remaining, 258 (44 per cent) reported being "presently" sexually active. "Presently" was not given a strict time definition in either survey.

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